

White (O. A.)

DESCRIPTION

OF A

NEW HYSTEROTOME

FOR THE

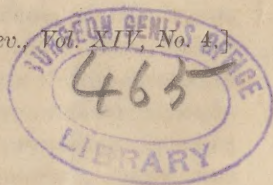
CURE OF DYSMENORRHOEA.

INVENTED BY

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A NEW HYSTEROTOME.

Dysmenorrhœa is certainly one of the most painful and intractable disorders we can be called upon to treat. It is of very frequent occurrence, and is the fruitful source of much ill health to females. Commencing, as it has often been known to do, even with menstrual life, it may proceed unchecked throughout successive years, and yield at last only to time and the natural cessation of the discharge. If unrelieved, a trifling case is liable to become worse and of longer duration, until finally, the afflicted patient may be only beginning to recover from the shock of one period when the dreaded approach of the next is near at hand. It is, therefore, not at all improbable that many unfortunate women have fallen victims to consumption and other terrible maladies, in consequence of these periodical sufferings.

Under such circumstances, the attention of accoucheurs must ever have been directed to its relief. And such, indeed, has been the case, though it is mortifying to reflect that until a comparatively recent date the blindest empiricism appeared to direct the treatment. Incorrect views respecting its pathology inevitably led the way to notable errors in practice, and the wretched applicant for relief was too often subjected to struggle not only with the original malady itself, but also against the evil effects of injudicious means used to remove it. Thus, at one time, obstetricians erroneously attributed all the phenomena of this disease to plethora, when cups and lancets were indiscriminately applied. At another, debility was the prevailing doctrine, and tonics became the fashion. At another, spasm was obscurely hinted at as the cause, and opium was the only specific. At a still later period we hear of nothing but its nervous and neuralgic origin; this was the day of active temporising,—main reliance being placed upon inunctions with belladonna, acconite, and the like; whilst, behold, at

another, the very identity of the disease was called in question, and ovarian irritation and inflammation imputed the source and origin of all the manifold suffering that was certainly uterine in its seat.

Such were many of the vague notions which prevailed respecting dysmenorrhœa, anterior to the year 1823. About this period Dr. Mackintosh, of Edinburgh, first suggested the employment of mechanical means for its relief. Being led to investigate this subject by accident, he forthwith commenced a series of examinations with experiments, which resulted in convincing him that preternatural narrowing of the uterine canal was most commonly concerned in the production of this complaint. This point being established, he next proceeds to account for the alarming symptoms so frequently met with, in the following manner: "The menstrual discharge, after it is secreted in the uterus, cannot readily escape, in consequence of the small size of its orifice; distension of the organ is the result, which, by exciting the contraction of its fibres, produces uneasiness and pain in the pelvic region. When the os uteri is very small and the secretion viscid, or mixed with coagulated blood, shreds of membrane, or organized masses, then the distension becomes more considerable, and stronger contractions are excited. Sometimes the action of the abdominal muscles is called into play, and bearing down pains are produced, resembling in every particular the pains of labour, and continue until the expulsion takes place."

These observations, originally entertained and expressed so many years ago by Dr. Mackintosh, have since become generally adopted; and though improvements in the management of these cases are still being made, no one can fail to observe that the doctrines promulgated by that illustrious practitioner continue to influence surgical opinions and practice even to the present day.

Dysmenorrhœa, therefore, being proved to result most commonly from mechanical causes, surgical remedies for its control have largely superseded the vaunted resources of the pharmacopœa. But though surgical appliances

are oftenest available in the management of this disease, we must not lose sight of the fact that there are also a certain proportion of cases which require constitutional measures alone for their cure. Let me not, therefore, be thought to accord to surgical interference too great supremacy, experience having long since assured me that by far the largest number are amenable only to a careful and judicious institution of both plans of treatment combined. If, therefore, we adopt one of these modes of relief, and attempt to practice it to the exclusion of the other, we shall too often be baffled in our best directed efforts, and find the disorder liable to return, even after its apparent removal.

The method advocated by Dr. Mackintosh consists, as will be remembered, of careful and repeated dilatations of the os and cervix uteri, with bougies of various sizes. But the same evil consequences which often eventuate during the management of ordinary urethral stricture, by dilatation, were so liable to arise during this course of treatment here, that surgeons were soon compelled to abandon this procedure and look to measures more expeditious, and against which no such objections could be alledged.

Accordingly, about twenty years after, Prof. Simpson announced to the profession another mode of treating this obstinate complaint, by an experiment at once novel and brilliant. This was by incisions skillfully made within the cervix uteri with appropriate instruments, and keeping the parts afterwards dilated with sponge tents until the cure was complete.

In behalf of this safe and simple operation it is contended that it at once places the parts in somewhat the same condition as subsequent to parturition or a miscarriage. For it is a notable fact that many cases of otherwise intractable dysmenorrhœa have been known to abate or cease altogether after one or other of these occurrences have transpired. As to the efficacy of this mode of operating, it would be needless here to recount all the high testimony recently added in its favor. Suffice it to remark the practice has

since been adopted by many of the most eminent accoucheurs and surgeons in this country and elsewhere.

Promising such certain and expeditious relief as this pro-

FIG. 1.



cedure certainly does, the facility with which the several steps of the operation may be performed cannot fail to interest surgeons. Already, therefore, have instruments of different construction been suggested, each having in view that important design. That invented by Prof. Simpson has, thus far, very justly commanded the greatest favor. This, it will be remarked, however, is but a modification of the *Lithotome Caché*, which, though a contribution of considerable value in its proper place, to the armamenta of Surgery, is certainly liable here to objections which readily suggest themselves to all who attempt its use.

Having been compelled, upon several occasions, to resort to the practice and the instrument of this eminent master, for the relief of obstructive dysmenorrhœa, the peculiar dangers which embarrass its use compelled me to lay it aside and employ one invented by myself, of the following description.

Annexed is an engraving, which, though considerably reduced from the original, will assist, I hope, in giving an adequate idea of this instrument. It consists, as will be seen, of a long and delicate staff or stem affixed to a handle of unusual form. The staff is about the calibre, and has somewhat the same curve as a No. 3 small catheter. It is full nine inches in length, and is so plainly notched and numbered off upon its posterior surface, from the point to the handle, that these measurements may easily be distinguished by the touch alone.

At a moderate distance from the point of the instrument may be noticed two small blades, jutting out from the staff on either side. Each of these blades is capable of being thrust out about a quarter of an inch, or concealed by being withdrawn again within its sheath in the circumference of the staff, by means of a certain manipulation at the handle, which I shall take occasion presently to describe.

The standard depth of the womb from the os to the fundus uteri has already been ascertained to be just two inches and a half. To render, therefore, the application of this instrument safe, and in order to bring its utility within the range of possible cases of even smaller uterine dimensions, a point about an inch and a half from the apex of the stem has been selected, from which the knives are made to protude when needed.

The projection and closure of these blades is effected with great facility, by means of a female screw, (*a*) which plays upon a thread (*b*) situated at the very butt of the handle. This screw is hexagonal in shape, each side of which is made to bear a number ranging from one to six. The instrument being closed, No. 1 corresponds exactly to the convex surface of the handle, but progressively, as the succeeding numbers are brought upwards, by turning the screw, the blades are forced out to the extent desired; No. 6, of course, denoting the maximum. The value of this little contrivance will be obvious, it being by this means alone that the operator can learn at a glance to what degree the blades have been opened or shut, after that portion of the stem which contains them has been introduced, to perform its duty within the uterine orifice.



Fig. 2.

The second figure represents an anterior view of that section of the stem which holds the blades, the upper surface being removed in order to display the mechanical principles upon which they act. The stem, therefore, is seen to be

hollow, and the two blades, lying back to back, are held together, and fastened by means of a single pivot to a small steel wire, which is made to pass quite through the centre of the instrument, from *c* to *b*, fig. 1. When closed the blades, of course, overlap each other, to economise space, but obedient to the screw, (*a*) they are forced to part, one on each side of the stem, in consequence of the steady resistance opposed to the inclined plane of their backs, in the shape of a wedge.

The handle is made of some light material; is intentionally flattened upon its posterior surface and convex upon its anterior. The convexity of the handle corresponds to the curvature of the stem, and by referring, therefore, to this distinction, the operator is constantly reminded of the direction of the point of the instrument, even while hid to the handle within the vaginal passage.

To incise the neck of the womb with this instrument the patient is made to lie upon her back, in a convenient position. The forefinger of the right hand is inserted into the vagina, and its extremity held in contact with the *os tincae*, to act as a guide. The blades being closed, the instrument is next held in the left hand, and its point carefully slipped along the palmer surface of the finger, until it is finally directed, in this manner, through the cavity of the cervix and within the *os internum*. It is then maintained in this position until with the right hand, the blades are forced out to the extent desired; when, by simply withdrawing the instrument, in the same direction as introduced, the operation is fully accomplished. To complete the cure, all that remains now to be done is to prevent re-union of the cut surfaces, and this is effected by means of a sponge tent, or a permanent metallic bougie, similar to that recommended by Prof. Simpson. Whichever is selected should be worn within the parts for several days, and only changed as often as cleanliness requires.

My main objects in communicating this paper have been not merely to record my approval of Prof. Simpson's mode of treating certain cases of dysmenorrhœa by incision, but to

introduce to the profession a new surgical instrument for effecting this purpose. I trust that its credit rests not so much upon its originality and comparative cheapness as upon its especial adaptation to the relief of all classes of strictures in which internal cutting would be admissible.

The instrument in my possession is one which was neatly and successfully fabricated at the factory of Mr. George Tieman, No. 63 Chatham St., New York. The skill of this veteran instrument maker is already too well known to need encomium.

In conclusion, I would simply add that this instrument needs but a single application to effect in these cases what it requires at least two or more attempts with any other to perform. It offers, consequently, an easier, more expeditious, safer, and, upon the whole, less painful mode of operating than any other I know of. I therefore recommend its use to my professional brethren, hoping that it may be found of as much service in their hands as it has so far proved in my own.

